

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: CUMBERLAND HEIGHTS (610219)

Address: 251 WESTHILL DRIVE, RHINELANDER, WI 54501

License Status: REGULAR

Licensed/Certified/Registered 10/01/1993

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0097129 **End Date:** 04/27/2006 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009559 Served 06/08/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION		
83.42(3)(f)	SLEEPING HOURS EVACUATION DRILL		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		

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Community Based Residential Facility
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Survey ID: 0094918 End Date: 04/20/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009411 Served 05/26/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(5)(a)	INFECTION CONTROL PROGRAM	04/27/2006	Yes
83.13(7)(a)9	TRAINING AND INSERVICE REQUIREMENTS	04/27/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	04/27/2006	Yes
83.21(4)(g)	FAIR TREATMENT	04/27/2006	Yes
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE	04/27/2006	No
83.35(2)	MODIFIED OR SPECIAL DIETS	04/27/2006	Yes
83.42(1)	SAFETY-FACILITY EVACUATION TIME	04/27/2006	Yes

Survey ID: 0092943 End Date: 06/29/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009301 Served 07/22/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS		

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Enforcement History

Date: 05/24/2005 SOD #10009411 Appealed: No

Sanctions

PROVIDE TRAINING
FORFEITURE---83.13(7)(a)9
FORFEITURE---83.14(1)(d)
FORFEITURE---83.32(2)(a)
FORFEITURE---83.35(2)

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
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CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/18/2005

Date Investigation Completed: 04/20/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10009411
STAFF TRAINING AND PROFICIENCY	SUBSTANTIATED	10009411
STAFF ADEQUACY	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10009411

Date Complaint Received: 01/13/2005

Date Investigation Completed: 04/20/2005

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009411
RESIDENT BEHAVIOR/FACILITY PRACTICE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	SUBSTANTIATED	10009411
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10009411

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